

16448

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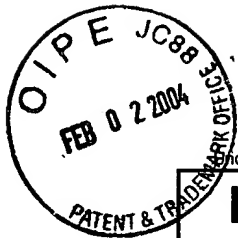
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/545,998	
	Filing Date	April 10, 2000	
	First Named Inventor	Daniel M. GORMAN	
	Art Unit	1644	
	Examiner Name	R. Schwadron	
Total Number of Pages in This Submission	11	Attorney Docket Number	140942000510

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for Fee Processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (7 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
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Firm or Individual name	MORRISON & FOERSTER LLP Laurie L. Hill, Ph.D. - 51,804
Signature	
Date	January 29, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
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<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 10/01/2003, Patent fees are subject to annual revision.</i></p>		Complete if Known		
		Application Number	09/545,998	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 10, 2000	
		First Named Inventor	Daniel M. GORMAN	
		Examiner Name	R. Schwadron	
TOTAL AMOUNT OF PAYMENT (\$)		420.00	Attorney Docket No.	140942000510
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES RECEIVED		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		FEB 1 0 2004 TECH CENTER 1600/2900		
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
1001 770	2001 385	Utility filing fee		
1002 340	2002 170	Design filing fee		
1003 530	2003 265	Plant filing fee		
1004 770	2004 385	Reissue filing fee		
1005 160	2005 80	Provisional filing fee		
SUBTOTAL (1) (\$)			0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims	** =	Extra Claims	Fee from below	
Independent Claims	** =			
Multiple Dependent				
Large Entity	Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
1202 18	2202 9	Claims in excess of 20		
1201 86	2201 43	Independent claims in excess of 3		
1203 290	2203 145	Multiple dependent claim, if not paid		
1204 86	2204 43	** Reissue independent claims over original patent		
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$)			0.00	
**or number previously paid, if greater; For Reissues, see above				
		Other fee (specify)		
		*Reduced by Basic Filing Fee Paid		
		SUBTOTAL (3) (\$)		
		420.00		
SUBMITTED BY				
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Signature		Date		
		January 29, 2004		